

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G675		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011	
NAME OF PROVIDER OR SUPPLIER PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 990 E HANNA ST COLUMBIA CITY, IN46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/20/11</p> <p>Facility Number: 009013 Provider Number: 15G675 AIM Number: 100234550</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Passages Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors,</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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KS150	<p>sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/21/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure new draperies and curtains in 2 of 2 living rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and</p>			KS150	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Draperies and curtains in living rooms will be sprayed with a flame retardant product.</p> <p>How will we identify others</p>		10/02/2011

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	<p>other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects all occupants.</p> <p>Finding include:</p> <p>Based on observations with the Residential Manager on 09/20/11 from 12:40 p.m. to 12:46 p.m., new curtains were hung at the windows of the 990 living rooms and the 992 living room. Based on an interview with the Residential Manager at the time of observations, documentation to indicate the flame resistance of the curtains was not available for review.</p>				<p>residents having the potential to be affected by the same deficient practice: All curtains and draperies in the home that are not flame retardant will be sprayed with a flame retardant product. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur: Any new curtains or draperies will be flame retardant or sprayed with a flame retardant product. Draperies and curtains will be retreated with flame retardant product after washing per product recommendation. Staff will document the date the curtains or draperies are treated with flame retardant spray. This documentation will be maintained in the fire drill safety binder. How will the corrective actions be monitored to ensure the deficient practice will not recur: The group home manager will provide staff training regarding treating curtains and draperies with fire retardant spray. Training will also be provided regarding retreating curtains and draperies that are washed with fire retardant spray. What is the date by which the systemic changes will be completed: 10/1/11</p>		